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**DUE DATE: March 1** 

To: Office of Public Instruction Accreditation Division

| Check one: |                     |  |  |  |  |  |  |
|------------|---------------------|--|--|--|--|--|--|
|            | Initial Application |  |  |  |  |  |  |
|            | Renewal Application |  |  |  |  |  |  |

#### ALTERNATIVE STANDARD(S) REQUEST Rule 10.55.604.1

|                    | OPI USE ONLY  |  |  |  |
|--------------------|---------------|--|--|--|
| School Dist. Name: | Legal Entity: |  |  |  |
| School Name:       | School Code:  |  |  |  |
| County:            | County No.:   |  |  |  |

# ONE ALTERNATIVE STANDARD REQUEST PER APPLICATION FORM.

**RULE** 

10.55.604 Variances to Standards (1) A school district may apply to the board of public education through the office of public instruction to implement an alternative to a standard or a section of standards, excluding standards stating a statutory criteria, teacher certification or endorsement or content and performance standards as defined by the board of public education and provided in guidance from the superintendent of public instruction.

# **PROCESS**

- The intent of rule 10.55.604 is to allow locally initiated proposals that better reflect the unique individuality of each district as well as
  foster innovative approaches to solving educational problems.
- Application must be made through the Office of Public Instruction.
- The Board of Public Education must approve the alternative standard(s) prior to implementation in the school program.
- All schools will be notified by the Office of Public Instruction regarding the status of their request after the Board of Public Education has made a determination.

# **APPROVAL CRITERIA**

- The major consideration in determining if a proposed alternative would be acceptable is whether the proposed change or modification shows clearly how it will "meet or exceed" the results under the current standard(s).
- Initial approval will be for a two-year period.
- The district may reapply for a possible five-year approval following an on-site evaluation by the Office of Public Instruction.

# **PROCEDURE**

| . List the accreditation rule to which this request applies, (e.g., 10.55.709 Library Media Services): |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 2. Submit a mission statement (what you hope to accomplish) for this proposed alternative.             |  |  |  |  |  |  |  |
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MSA-6i Page 2-(02/06) 3. Provide a detailed description of your alternative plan and how your school will meet or exceed the Program Area Standards and/or Content and Performance Standards. 4. List at least one *specific, measurable objective* (for example: affective, cognitive, or psychomotor) that clearly shows how your proposed alternative will meet or exceed the results under the current standard(s).

| 5. Identify formative measures (the ongoing assessment of teaching and learning <i>during</i> the instruction) to be used to evaluate the effectiveness of the alternative.               |   |                            |                    |                         |                         |  |  |
|---|---|----------------------------|--------------------|-------------------------|-------------------------|--|--|
|   |   |                            |                    |                         |                         |  |  |
|   |   |                            |                    |                         |                         |  |  |
|   |   |                            |                    |                         |                         |  |  |
|   |   |                            |                    |                         |                         |  |  |
|   |   |                            |                    |                         |                         |  |  |
|   |   |                            |                    |                         |                         |  |  |
|   | Identify summative measures (the cumulative as aluate the effectiveness of the alternative.               | ssessment of tead          | ching and learnin  | g <i>after</i> the inst | truction) to be used to |  |  |
|   |   |                            |                    |                         |                         |  |  |
|   |   |                            |                    |                         |                         |  |  |
|   |   |                            |                    |                         |                         |  |  |
|   |   |                            |                    |                         |                         |  |  |
|   | If this is a renewal application, attach a summary and criteria approved in the initial or previous renew |                            | data gathered bas  | sed upon the m          | easurable objective(s)  |  |  |
| 8. If this application is for Library or Counseling Services and <b>you receive contracted services outside the district</b> , please attach a copy of the Letter of Agreement.  Include: |   |                            |                    |                         |                         |  |  |
|   | a. the name and qualification(s) of the provide     b. total hours of service per school year.            | er(s) (i.e., licensure     | e, education), and | ג                       |                         |  |  |
| b. total hours of service per school year.  If contractors change, send a new Letter of Agreement to the OPI.   |   |                            |                    |                         |                         |  |  |
| ii contractors charige, send a new Letter of Agreement to the OFT.  |   |                            |                    |                         |                         |  |  |
|   | CERTIFICATION: The information on Printed Name/Board of Trustees Chairperson                              | this application Signature | is correct to the  | best of my ki           | nowledge.               |  |  |
|   | Frinted Name/Board of Trustees Chairperson  | Signature                  |                    |                         | Date                    |  |  |
|   | Printed Name/Superintendent (District or County)  | Signature                  |                    |                         | Date                    |  |  |
| RECOMMENDATION—OFFICE OF PUBLIC INSTRUCTION   |   |                            |                    |                         |                         |  |  |
|   | Authorized Signature  |                            | Approval Denial    | 2 years 5 years         | Date                    |  |  |
|   | APPROVAL/DENIA  | L-BOARD OF I               |                    |                         |                         |  |  |
|   | Chairperson   |                            | Approval           | 2 years                 | Date                    |  |  |

☐ Denial

5 years